

CAFAS SUMMARY SCORING SHEET

CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE

Child's First Name: _____ Middle Initial: _____ Last Name: _____
 Child ID: _____ Date Assessed: ____/____/____ Service Start Date: ____/____/____
 Agency Case #: _____ MaineCare # _____ DOB: ____/____/____ Gender ____M____F
 Child's County Residence: _____ Region: ____I____II____III
 Rater Name: _____ Rater ID#: _____
 Agency Name: _____

CAFAS Administration Options	Services Program (check one of the following)
Targeted Case Management: ____ Entry into Service ____ Annual ____ Exit from Service WrapAround Maine (High Fidelity Wrap): ____ Entry into Service ____ 6 month intervals ____ Exit from Service 65M&N Services: ____ Entry into Service; Reauthorization ____ (1) ____ (2) ____ (3) ____ Exit from Service * ____ Other _____	Targeted Case Management (13.12) ____ WrapAround Maine (High Fidelity Wrap) (13.12) ____ Child & Family Behavioral Health Treatment Services (65M) ____ Community-Based Treatment for Children Without Permanency(65N) ____

Scale Scores for Youth's Functioning

DIMENSION	DIMENSION RATING <small>Choose one rating option (30) (20) (10) (0)</small>
Role Performance	
School/Work	
Home	
Community	
Behavior Toward Others	
Moods/Self-harm	
Moods/Emotions	
Self-Harmful Behavior	
Substance Use	
Thinking	

TOTAL FOR YOUTH	
------------------------	--

Levels of Overall Dysfunction based on Youth's Total Score	
8-Scale Summary	Description
0-10	Youth exhibits no noteworthy impairment
20-40	Youth likely can be treated on an outpatient basis, provided that risk behaviors are not present
50-90	Youth may need additional services beyond outpatient care
100-130	Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care
140 & higher	Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community
Rev. 11/16/07	

COPIES OF THIS FORM NEEDS TO BE MAILED AS SPECIFIED BELOW

Targeted & Wraparound Maine (High Fidelity) Case Management Provider Agencies:

DHHS, Attention: Children's Quality Improvement Assessment Data,
 11 SHS, Marquardt Bldg., 2nd Floor, Augusta, ME 04333

65M&N Provider Agencies:

Region I - DHHS, CBHS, 161 Marginal Way, Portland, ME 04101 (Fax: 822-2358)
 Region II - DHHS, CBHS, 11 SHS, Greenlaw Bldg, Augusta, ME 04333 (Fax: 287-7557)
 Region III - DHHS, CBHS, 176 Hogan Road, Bangor, ME 04401 (Fax: 561-5389)